



2004 Application for Spray Contracting Firm License

Chapter 35 of the Board's regulations requires a contracting firm license for all incorporated companies, partnerships or sole proprietors with employees that apply pesticides "for hire" in the State of Maine. Type or print the requested information and check all boxes that apply. Enclose with your application for commercial applicator license. Then mail the completed form with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-

Please fill in any blanks and correct any information that has changed. Check here if anything has changed.

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Company Name

Federal ID #

Required

Maine Physical Location

City

State

Zip Code

Corporate Headquarters Address

City

State

Zip Code

Maine Business Mailing Address

City

State

Zip Code

Master Applicators/ Supervisors Responsible for Custom Application of Pesticides

1)

Master Applicator Name

Business Telephone Number

E-mail Address

Branch Address

City

State

Zip Code

2)

Master Applicator Name

Business Telephone Number

E-mail Address

Branch Address

City

State

Zip Code

Application For:

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Initial License \$200.00 fee

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License Renewal \$200.00 fee

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Replacement License \$5.00 fee

Verification of Knowledge of and Compliance with Statutes, Regulations and Guidelines

The following should be completed and signed by the chief firm official responsible for custom pesticide applications performed by the firm in the State of Maine.

I, _____, hereby swear or affirm I understand the statutes,
Print or Type name

regulations and guidelines of the Board and that _____
Print or Type Name of Firm

will comply with the aforementioned statutes, regulations and guidelines when performing custom pesticide applications in the State of Maine.

Signature of Responsible Firm Official

Date

Please turn over and complete other side

Annual Summary Report and Insurance Affidavit Status

Annual Summary Reports

- ☐ Have been submitted
- ☐ Are enclosed
- ☐ None performed

Insurance Affidavit

- ☐ Affidavit enclosed
- ☐ Previously submitted

Type of Company

- ☐ Sole Proprietor with employees that apply pesticides
- ☐ Incorporated ☐ Partnership ☐ LLC

For Board Use Only

Check Number	Check Date	Check Amount
Master Applied	Categories	
License Number	Audit Number	Date Sent
	Issue Date	New Expiration Date